

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040925

STATE FILE NUMBER

Registration District No. 275

Primary Registration District No. 3053

Registrar's No. 224

DO NOT WRITE
ON THIS STUD

AMENDED

FILED NOV 6 1963

1. PLACE OF DEATH

a. COUNTY

Phelps

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Rolla

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Phelps

c. CITY
OR TOWN

Newburg, Mo

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Phelps County Hospital

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

ADDRESS

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Rose Sophia Wilkenloh

4. DATE OF DEATH

Month

Day

Year

Oct 23 1963

5. SEX

Felmale

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

Sept 3 1883

9. AGE (last birthday)

80

IF UNDER 1 YEAR

Months Days Hours Min.

1 20

IF UNDER 24 HR

Hours Min.

1 20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Spring Bluff

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Fred Wm Eggert

13b. MOTHER'S MAIDEN NAME

Mary Luttercoid

14. NAME OF HUSBAND OR WIFE

Cornelius Wilkenloh

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Gladys Root Newburg, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Occlusion

Interval between onset and death

2-3 weeks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Cardio-Vascular Renal Disease

Several yrs.

DUE TO (c)

Also Arteriosclerosis + Lower pneumonia

10 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from May 6, 1944 to Oct 23, 63 and last saw her alive on Oct 23, 63

Death occurred at 6:55 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Brial

Oct 25, 63

Bake Charles

St Louis, Mo

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Lee Johnson Newburg, Mo

Oct. 25, 1963

Nadine L. Stoll

DEC 20 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

W. L. Shaw

Licensed Embalmer No.

5043

P. O. Address

Newburg, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.